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| | APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NO./TITLE | |
|--|--|--|---|---------------------------------|--|
| | 09/392,124 | | | | |
| | 03/332,124 | navnovaa CHK | ISSAN | D 8X8S.239PA | |
| | | | 00107000 | | |
| | CRAWFORD PLLC | | 0212/0928 | NOT ASSIGNED | |
| | 333 WASHINGTO | N AVENUE NORTH | | | |
| | MINNEAPOLIS M | IN 55401 | | 2741 | |
| | | | DATE MAIL | | |
| _ | · . | | | 09/28/99 | |
| * | | | SING PARTS OF APPLICATION 1 Date Granted | 1 | |
| | | | *** | | |
| An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1:136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of \$65.00 for a small entity in compliance with 37 CFR 1.27, or \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment. | | | | | |
| If all i | all entity (statement filed) | V non-small entity is \$ | riod set above, the total amount o | wed by applicant as a | |
| ₩ 1. | The statutory basic filing for missing. | ee is: | The | | |
| | insufficient. Applicant must submit \$ | 71d) mg | omplete the basic filing fee and/or fi | ile a small entity statement | |
| / | claiming such status (37 (| CFR.1.27). | omplete the basic ming ree and/or m | ie a smaii oniny siatement | |
| 2. The following additional claims fees are due: \$ | | | | | |
| total claims over 20. forindependent claims over 3. | | | | | |
| \$for multiple dependent claim surcharge. | | | | | |
| Applicant must either submit the additional claim fees or cancel additional claims for which fees are due. | | | | | |
| 3. The oath or declaration: It is missing of unsigned. | | | | | |
| | does not cover the newly submitted items. An oath or declaration in compliance with 37 CFR 1. 63, including residence information and identifying the application by the above Application Number and Filing Date is required. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, | | | | |
| · 4 | | | | | |
| 1.43 or 1.47. A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above | | | | | |
| | A properly signed oath or Application Number and I | declaration in compliance Filing Date, is required. | with 37 CFH 1.63, identifying the ap | oplication by the above | |
| □ 5. | The signature of the follow | ing joint inventor(s) is miss | sing from the oath or declaration: | | |
| | An oath or declaration in inventor(s) identifying thi | compliance with 37 CFR 1 | .63 listing the names of all inventors Application Number and Filing Date | s and signed by the omitted | |
| ☐ 6. A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)). | | | | | |
| 7. Your filing receipt was mailed in error because your check was returned without payment. 8. The application was filed in a language other than English. | | | | | |
| · · · · · | Applicant must file a verif | ied English translation of th | nglish. he application, the \$130.00 set forth slation is accurate (37 CFR 1.52(d)) | in 37 CFR 1.17(k), unless). | |
| | OTHER: | · · · · · · · · · · · · · · · · · · · | | | |
| Direct the reply and any questions about this notice to "Attention: Box Missing Parts." | | | | | |
| 1/ | Aco | py of this rotice M | <u>IUST</u> be returned with the | reply. | |
| 4 | omer Service Center | yuxte | | | |
| | Patent Examination Division | on (703) 368-1202 | | | |

FORM **PTO-1533** (REV. 9/98)